Form A51A Rev. (9/99)

Department of Administration OFFICE OF ACCOUNTS AND CONTROL

ANNUAL STATEMENT OF PERSONAL USAGE FOR STATE VEHICLES VEHICLE CENTS-PER-MILE METHOD

(NOTE: VEHICLES THAT ARE CHAUFFEUR DRIVEN MAY NOT USE THIS METHOD.)

SEC	TION A: DRIVER AND VEHICLE	INFORMATION			
-	ployee Name:	Soc. Sec. #: (11 digits)			
Agency: Period: FROM:		Payroll Acct. #:	Payroll Acct. #: TO:		
		TO:			
V	ehicle Make/Model/Year	Registration No.	<u>Vel</u>	nicle Fair Mkt. Value	
SEC	TION B: CALCULATION OF FRIM	IGE BENEFIT AMOUNT			
(1)	TOTAL MILES	PERSONAL USAGE MILES	= (3) -	BUSINESS MILES	
AMC	OUNT OF BENEFIT TO BE INCLU	DED IN GROSS INCOME:			
A.	Personal Usage Miles (from 1 (November 1 - December 31)	(tem 2 above) A.1		——— Miles	
	(January 1 - October 31)	A.2		Miles	
B.1	X∉ =\$				
B.2	X =	= (sum of B.1+B.2) B.3	3 \$ _		
C.	Subtract employee supplied g miles x 5.56				
	(Personal Usage Miles from Ite	em 2 above	\$ _		
D.	Gross Fringe Benefit Amount: Subtract Item C from Item B3		\$ _		
E.	Subtract Commuter Reimburg	sement:	\$ —		
F.	Taxable Fringe Benefit Amour (Subtract Item E from Item D)	nt:	\$		
	EMPLOYEE: Complete and sign this under this method, complete separat	form in duplicate and return to your payroll e Form A-95c for each vehicle.	office.	If more than one vehicle is	

Employee's Signature / Date

NOTE: Under the vehicle cents-per-mile method, employees are required to furnish to the employing agency substantiating evidence used to arrive at the personal and business miles. Substantiating evidence = a log of both personal and business miles. This form will not be accepted if not accompanied by a log.

Department of Administration OFFICE OF ACCOUNTS AND CONTROL

ANNUAL STATEMENT OF PERSONAL USAGE FOR STATE PROVIDED VEHICLES ANNUAL LEASE VALUE METHOD

SECTION A: DRIVER AND VEHICLE INFORMATION

EMPLOYEE NAME (PLEASE PRINT)		SOCIAL SECURITY #:	
AGENCY	P	'AYROLL ACCOUNT #:	
PERIOD COVERED: FROM		TO:	
MAKE / MODEL / YEAR	REGISTRATION	NO. VE	HICLE FAIR MKT. VALUE
SECTION B: CALCULATION OF	FRINGE BENEFIT A	MOUNT	
MINUS		=	
TOTAL MILES	PERSONAL USAGE	MILES	BUSINESS MILES
X		•	_
ANNUAL LEASE VALUE	BUSINESS MILES	÷ TOTAL MILE	% BUSINESS USE
GASOLINE CALCULATION 5.5 CENTS OR	-	ERSONAL MILES	AMOUNT OF GASOLINE
	X	=	=
TOTAL COST OF GASOLINE	% OF PER	SONAL MILES JS BUSINESS USE%)	AMOUNT OF GASOLINE
MINUS	PI	Lus	PLUS
= ANNUAL LEASE	BUSINESS USE	AMOUNT OF	CHAUFFEUR
VALUE (ALV)	(BUS. USE % X ALV)	GASOLINE	AMOUNT
\$ MIN	ıı c	=	\$
GROSS TAXABLE FRINGE		CIMBURSEMENT	NET TAXABLE FRINGE AMOUNT (VEHICLE USE)
TO EMPLOYEE: Complete and sign this form in used under this method, complet			If more than one vehicle is
		Employee's S	signature / Date

NOTE: Under the annual lease value method, employees are required to furnish to the employing agency substantiating evidence used to arrive at the personal and business miles.



Department of Administration OFFICE OF ACCOUNTS AND CONTROL

Annual Statement Of Personal Usage For State-Provided Vehicles Commuting Valuation Method

SECTION A: DRIVER AND VEHICLE INFORMATION EMPLOYEE NAME SOCIAL SECURITY NO. (PLEASE PRINT) (11 DIGITS) AGENCY _____ PAYROLL ACCOUNT NO. * VEHICLE MAKE MODEL ______ YEAR REGISTRATION NO. SECTION B: SCHEDULE OF COMMUTING DAYS AND CALCULATION OF FRINGE BENEFIT AMOUNT PERIOD COVERED: FROM: TO: Please mark and "X" for each commuting day. **TOTAL** 12 15 16 MONTH 6 10 11 13 17 18 19 20 21 22 23 24 25 26 28 29 30 DAYS NOV DEC JAN FEB MAR APR MAY JUN JUL AUG SEP OCT \$3.00 = TOTAL No. of Days Commuting DAY Gross Taxable Fringe Benefit Amount (Vehicle Use) **DAYS** MINUS \$ Commuting Reimbursement Amount Nov. 1 to Oct. 31) = Net Taxable Fringe Benefit Amount) TO EMPLOYEE: Complete and sign this form in duplicate and return to your Payroll Office. *If more than one vehicle, list others below MAKE OF VEHICLE **REGISTRATION NO.** STATE ASSIGNMENT NO. MODEL YEAR

Department of Administration

Division of Central Services State Fleet Operations One Capitol Hill, Providence, RI 02908

ANNUAL REPORT OF STATE-OWNED VEHICLE USAGE

Vehicle Information:

State Fleet Vehicle Number:	R.I. Registration Number(PLATE):
Current Odometer: Year:	Make: Model:
R.I. Inspection Sticker: Expiration Da	te:/ Number:
Mileage incurred by the vehicle from I	November 1, 2001 through October 31, 2002:
Is this vehicle assigned to a driver?	Or a pool vehicle?(check one)
If a pool vehicle, where is the vehicle §	garaged?
<u>Driver Information:(If assigned)</u>	
Driver's Name:	
Position/Title:	
Driver's home address:	
Work Station:	
Driver's Social Security Number:	
Driver Commute?(Y/N): Is driven	ver subject to recall?(Emergency Call In)(Y/N):
Miles attributable to commuting from	November 1, 2001 through October 31, 2002:
Driver's License Number:	Date of Birth://
Driver's License Status (Circle One):	A = Active S = Suspended O = Other
Any Motor Vehicle violations within p	rior 12 months?(Y/N):
List of Motor Vehicle Violations:	
I certify to the best of my knowledge t	that the above information is true and accurate
for the period of November 1, 2001 th	rough October 31, 2002:
Employee Signature	/
Supervisor Signature	/